(July 2000)

Notice of Section 527 Status

OMB No. 1545-7693

Оерапт	nent of	the Trea	sury
ioramal	Reven	ue Servic	ile i
C) - u-		GA	200

General informació	<u> </u>	1 1 2 2		
1 Name of organization C+	izens for E	Selinger Applied Factor		
2 Mailing address (P.O. Box or nu 2570 Mi Anci	mber, street, and room or suite	91-2065161		
City or town, state, and ZIP cod	le			
Spajustick	<u></u>	62702		
3 E-mail address of organization	,			
TSELINGER C	, CILCO. COM			
4a Name of custodian of records	4b Cu	ustodian's address		
JAMES R. BU	sick	SAME		
5a Name of contact person		ontact person's address 409 WEST FOMARDS		
TOM SELINGERS		Spfld, IL 62704		
6 Business address of organizatio	n (if different from mailing addr	ess shown above). Number, street, and room or suite number		
City or town, state, and ZIP cod	le			
Part II Purpose				
7 Describe the purpose of the org	anization	1 Organization		
	tolitica	ORYANIZATION		
		O		
Clast III List of All Deletes	Entition (see instruction	ne)		
Part III List of All Related 8a Name of related entity	# Entities (see instruction 8b Relationship	8c Address		
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